

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN015SNF | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/08/2009 |
| NAME OF PROVIDER OR SUPPLIER PERSHING GENERAL HOSPITAL SNF | | STREET ADDRESS, CITY, STATE, ZIP CODE 855 6TH STREET PO BOX 661 LOVELOCK, NV 89419 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Z 000 | Initial Comments This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility from January 6, 2009 through January 8, 2009. Ten personnel records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | Z 000 | | |
| Z342 | NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. | Z342 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Z342 | <p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the facility failed to ensure that a pre-employment physical exam, signed background statement, reference check, and disaster training were completed for 1 of 10 employees (#1).</p> <p>Findings include:</p> <p>Employee #1's was a contracted employee as of March of 2007. Record review failed to reveal evidence that a pre-employment physical examination, signed background statement, reference checks and disaster training were completed.</p> <p>An interview with the facility's Human Resource Director revealed that it was the facility's policy to treat contracted employees in the same manner as other employees and that they (contracted employees) were held to the same requirements. The director confirmed employment requirements included a pre-employment physical examination, a signed background statement, reference checks and disaster training.</p> <p>The Employment section for hiring in the facility's Personnel Policies was reviewed. Review of the policy confirmed that contracted employees were held to the same requirements as discussed with the Human Resource Director.</p> <p>On 1/8/09, the Human Resource Director confirmed that Employee #1 did not have evidence of a pre-employment physical examination, a signed background statement, reference checks or evidence of disaster training.</p> <p>Severity 1 Scope 1</p> | Z342 | | | |

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